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PATENT APPLICATION FEE DETERMINATION RECORD		Application or Docket Number 2002-IP-008967U1
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CLAIMS AS FILED - PART I

(Column 1) (Column 2)

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEES	RATE	FEES
BASIC FEE (37 CFR 1.16(a))				\$ _____		
TOTAL CLAIMS (37 CFR 1.16(c))	37	minus 20 = * 16	x \$ _____ =		x \$ 750 =	\$ 750
INDEPENDENT CLAIMS (37 CFR 1.16(b))	3	minus 3 = * 0	x _____ =		x 18 = 288	288
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+ _____ =		x 84 = 0	0
			TOTAL		OR TOTAL	1038

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

SMALL ENTITY OR OTHER THAN
SMALL ENTITY

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
				x \$ _____ =		x \$ 50 =	0
Total (37 CFR 1.16(c))	* 30	Minus	** 37 = 0	x _____ =		x 200 = 800	800
Independent (37 CFR 1.16(b))	* 7	Minus	*** 3 = 4	+ _____ =		+ _____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						TOTAL ADDIT. FEE	800

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
				x \$ _____ =		x \$ _____ =	
Total (37 CFR 1.16(c))	*	Minus	**	=		x _____ =	
Independent (37 CFR 1.16(b))	*	Minus	***	=		x _____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
				x \$ _____ =		x \$ _____ =	
Total (37 CFR 1.16(c))	*	Minus	**	=		x _____ =	
Independent (37 CFR 1.16(b))	*	Minus	***	=		x _____ =	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))						TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case.

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